and the second s	
BUREAU OF	E BOARD OF HEALTH F VITAL STATISTICS ERTIFICATE OF BUTH Registered No
, surg	State /
ct or Township	or filinge legan st. St. Ward
Sex of Child To be answered ONLY 1. Twin, triplet or in event of plural births. 5. No., in order of	of birth
11 name Victor Bustamente	14. Full maiden name Patra Quinters
Residence (Usual place of abode)	(Usual place of abode) If non-resident, give place and state.
Color or race 11. Age at last birthday D (Ye	ears) 16. Color or race 17. Age at last birthday
Birthplace (city or place) the teal f	18. Birthplace (city or place) Thurf (CO)
. Occupation Winer	19. Occupation Nature of Industry
Number of children of this mother	n alive and now living
CERTIFICATE OF AT'N hereby certify that I attended the birth of this child, who	NENDING PAYSIFIANOR MIDWIFE on the date above stated. (Born slive or stillborn)
"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn shild is one that neither breathes nor shows other evidence of life after birth.	Many 1 Aug (Physician or midwife.)
ven name added from Adda supplementl report Month, day, year	Filed Ref 10 19 30 Co. C. Registrar.
This has a Trus helis	125-1110-796